

**HOME AND COMMUNITY BASED CARE WAIVERS:
TECHNOLOGY ASSISTED WAIVER**

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DESCRIPTION

In-home care is offered as an alternative to institutional care for individuals who are dependent upon technological support and require substantial, ongoing nursing care. If the individual is under age 21, it must be determined that he/she would otherwise require hospitalization. If over age 21, the individual must be eligible for a specialized nursing facility bed or other comparable institutional setting prior to admission to the waiver. Private duty nursing, personal assistance and respite care services are provided under this waiver. To receive waiver services, the provision of home and community-based care must be determined to be a medically appropriate and cost-effective alternative to hospital care or specialized nursing facility care and must be pre-authorized by DMAS. Individuals may not receive services under any other home and community based waiver while receiving services under this waiver. The waiver year runs from July 1st through June 30th, starting July 1, 1997.

For adults (21 yrs. and older) a Pre-admission Screening Team completes the pre-assessment and a Health Care Coordinator (HCC) employed by DMAS does a home visit to give authorization of services. For children, the HCC conducts a pre-assessment and determines authorization of services. Providers will be contacted and work with the HCC to initialize services. Providers must have an approved DMAS agreement prior to providing services. Providers bill using procedure codes to indicate the type of service provided.

WAIVER INFORMATION¹

Service	Effective Date	Covered Services	Excluded Services	Current Rates	
				NOVA	ROS
Private Duty Nursing	December 1988	Reimbursement for care provided by a Registered Nurse or a Licensed Practical Nurse for up to 24 hours/day the first month of service and up to 16 hours/day thereafter as determined by the Health Care Coordinator.	Amount limited only by medical necessity and cost effectiveness.	<u>RN</u> : \$30.00/hr <u>LPN</u> : \$26.00/hr <u>Congregate RN</u> : \$20.00/hour <u>Congregate LPN</u> : \$18.00/hour	<u>RN</u> : \$24.70/hr <u>LPN</u> : \$21.45/hr <u>Congregate RN</u> : \$17.35/hour <u>Congregate LPN</u> : \$15.73/hour
Personal Care	July 1995	Reimbursement for non-skilled service for individuals over the age of 21.		<u>Aide</u> : \$14.05/hour <u>Respiratory Therapist</u> : \$19.09/hour <u>Congregate Aide</u> : \$10.97/hour	<u>Aide</u> : \$11.93/hour <u>Respiratory Therapist</u> : \$15.91/hour <u>Congregate Aide</u> : \$9.60/hour
Respite Care	December 1988	Reimbursement for care provided by a Registered Nurse or a Licensed Practical Nurse as respite for up to 15 days or 360 hours per calendar year.		<u>Aide</u> : \$14.05/hour <u>RN</u> : \$30.00/hour <u>LPN</u> : \$26.00/hour <u>Congregate Aide</u> : \$10.87/hour <u>Congregate RN</u> : \$20.00/hour <u>Congregate LPN</u> : \$18.00/hour	<u>Aide</u> : \$11.93/hour <u>RN</u> : \$24.70/hour <u>LPN</u> : \$21.45/hour <u>Congregate Aide</u> : \$9.50/hour <u>Congregate RN</u> : \$17.35/hour <u>Congregate LPN</u> : \$15.73/hour
Environmental Modifications	July 1995	Reimbursement for physical adaptations to a house, or place of residence.	Only pertains to the physical structure of the residence.	Limited to \$5,000 per calendar year per individual.	
Assistive Technology	December 2001	Equipment, devices, and supplies that aid the individual in communicating, and which are necessary to maintain the individual at home.		Limited to \$5,000 per calendar year per individual.	

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RECIPIENT AND PAYMENT DATA^{2,3}

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Private Duty Nursing										
Number of Recipients								337	339	362
Payments	\$10,705,051	\$17,999,193	\$13,014,747	\$14,319,020	\$15,490,479	\$16,996,050	\$17,467,356	\$19,754,200	\$19,060,002	\$23,442,247
Cost per Recipient								\$58,618	\$56,224	\$64,758
Personal Care										
Number of Recipients								6	7	6
Payments								\$8,899	\$35,020	\$60,650
Cost per Recipient								\$1,483	\$5,003	\$10,108
Respite Care										
Number of Recipients								177	186	211
Payments	\$824,937	\$1,022,375	\$364,695	\$415,809	\$393,852	\$409,954	\$381,831	\$502,356	\$527,815	\$570,186
Cost per Recipient								\$2,838	\$2,838	\$2,702
Environmental Modifications										
Number of Recipients								3	5	15
Payments								\$3,610	\$22,004	\$47,575
Cost per Recipient								\$1,203	\$4,401	\$3,172
Assistive Technology										
Number of Recipients								0	1	5
Payments								\$0	\$3,220	\$16,039
Cost per Recipient								\$0	\$3,220	\$3,208
TOTAL SERVICES										
Number of Recipients	183	160	210	233	247	280	308	337	340	363
Payments	\$11,529,988	\$19,021,568	\$13,379,442	\$14,734,829	\$15,884,331	\$17,406,004	\$17,849,187	\$20,269,065	\$19,648,061	\$24,136,697
Cost per Recipient	\$63,005	\$118,885	\$63,712	\$63,240	\$64,309	\$62,164	\$57,952	\$60,146	\$57,788	\$66,492

Notes:

(1) Technology Assisted Waiver Services Manual.

(2) Recipient and expenditures data sources include the CMS 372 Report series "Annual Report on Home and Community-Based Waivers", the DMAS CD Payroll database, and claims summary information from off-line payments.

(3) Prior to July 1, 1997, the waiver year ended on November 30th of each year. Starting on July 1, 1997, it runs from July 1st through June 30th. The amounts shown for 1997 represent a transition year, with 19 months included (December 1, 1995 - June 30, 1997)

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